



***FY2003 Application***  
**Organizational Technical Assistance  
Grant Program**  
**Deadline: Open Year Round**

**Please also refer to the guidelines and instructions for this program. You may skip lines marked (N/A).**

1. First Name N/A
2. Organization Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. City \_\_\_\_\_
5. State \_\_\_\_\_
6. Zip Code - Plus 4 \_\_\_\_\_
7. County \_\_\_\_\_
8. Phone Number \_\_\_\_\_
9. Second Phone Number (optional) \_\_\_\_\_
10. Fax Number \_\_\_\_\_
11. E-mail Address \_\_\_\_\_
12. Web Address http:// \_\_\_\_\_
13. Legislative District Number of Applicant:  
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6  
Representative's Name: \_\_\_\_\_  
Senators: Jim Bunning (R) / Mitch McConnell (R)  
KY Senate District #: \_\_\_\_\_  
Senator's Name: \_\_\_\_\_  
KY House District #: \_\_\_\_\_  
Representative's Name: \_\_\_\_\_

*If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: [www.vote-smart.org/index.phtml](http://www.vote-smart.org/index.phtml) or call your County Clerk's office for this information.*

**KAC Staff Use Only**








- |                           |                               |                              |
|---------------------------|-------------------------------|------------------------------|
| 1. FY <b>2003</b>         | 7. Grantee Race _____         | 13. • AIE Percent <u>N/A</u> |
| 2. App. # _____           | 8. # Youth Benefit <u>N/A</u> | • AIE Description <u>N/A</u> |
| 3. C-List # _____         | 9. Project Disc. _____        | 14. Proj. Descriptors _____  |
| 4. App. Status _____      | 10. Activity _____            | 15. Date Rcvd. _____         |
| 5. App. Institution _____ | 11. Project Race <u>99</u>    |                              |
| 6. App. Discipline _____  | 12. Grant Program <u>TA</u>   |                              |

14. Federal Employer ID Number \_\_\_\_\_
15. Chief Administrator's Name \_\_\_\_\_
16. Chief Administrator's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
17. Project Contact Person \_\_\_\_\_
18. Project Contact Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
19. Project Title (*short phrase*) \_\_\_\_\_
20. Project Beginning Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
21. Project End Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
22. Amount Requested (*round to nearest dollar*) \$ \_\_\_\_\_
23. Required Match Amount (*round to nearest dollar*) \$ \_\_\_\_\_
24. Grantee Race/Ethnicity:

*Organizations should choose the **one** code that best represents 50% or more of their staff or board or membership (not audience). Choose **one** below:*

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> White                  |

25. Applicant Institution \_\_\_\_\_ (*Insert ONLY ONE Category Code Number on this line*)  
*Choose your category code number from one of the following areas, see instructions for detailed list. If filling out this form on-line, double click the red triangle to the left of a category to expand group information and obtain a code number.*

- |  |   |   |
|--|---|---|
|  Community Organizations  |  Media             |  Other |
|  Councils/Service Groups  |  Performing Groups |   |
|  Educational Institutions |  Venues/Presenters |   |

***Paper versions of this form, please refer to Application Instructions for code numbers.***

26. Applicant Status \_\_\_\_\_ (*Insert ONLY ONE Status Code Number on this line*)
- |                                |                             |                          |
|--------------------------------|-----------------------------|--------------------------|
| [02] Organization - Non-Profit | [07] Government - County    | [09] Government - Tribal |
| [06] Government - Regional     | [08] Government - Municipal | [99] None of the Above   |

## ***Organizational Financial Summary***

Fiscal Year Ends _____	Last Year (Most recently completed fiscal year)	This Year (Projected)	Next Year (Projected)
Total Revenues	_____	_____	_____
Total Expenses	_____	_____	_____
Net (Revenues - expenses)	_____	_____	_____
	<hr/>		
Total Net Assets	_____	_____	_____

Round off all amounts to the nearest dollar. Make sure your figures agree with your attached financial statements and budgets.

## ***Activity Budget***

Please complete the activity budget form. If you prefer, you may duplicate the form on your computer and include it as an attachment.

### **Income**

Grant Request (up to \$1000) \$ \_\_\_\_\_  
 Your Match (equal to or greater than the grant request) \$ \_\_\_\_\_  
 Total Income \$ \_\_\_\_\_

### **Expenses**

Consultant's Fee \$ \_\_\_\_\_  
 Registration Fees (workshops, conferences, etc.) \$ \_\_\_\_\_  
 Travel (e.g., car, airfare, lodging, and meals) \$ \_\_\_\_\_  
 Other (please list) \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_

Total income should equal total expenses. Please round off all figures to the nearest dollar.

## ***Performance Expectations/Review Criteria***

Your application will be reviewed using the following performance expectations/review criteria:

### **1. Impact of Proposed Technical Assistance (40%)**

- Appropriateness of the proposed technical assistance to the participation-building need
- Integration of technical assistance in your future activities and functions
- When appropriate, effective sharing with other Kentucky organizations of the materials, knowledge, and skills you gain as a result of the technical assistance activity

### **2. Credentials of the Service Provider(s) (40%)**

- Appropriateness of the credentials and qualifications of the person or organization to provide the technical assistance

### **3. Activity Budget (20%)**

- Appropriateness of the budget to the technical assistance need
- Ability of your organization to meet the matching-funds requirement (see below)

## ***Instructions for Completing Narrative***

To assist panelists in reading your application, duplicate the number and title of each performance expectation/review criteria (titles are in bold, e.g., **1. Impact of Proposed Technical Assistance**) before your response. Place the organization's name and the words "Organizational Technical Assistance" in the upper right-hand corner of each page.

## ***Narrative Outline***

Please respond to the Introduction and each of the Performance Expectations/Review Criteria below on a total of not more than two pages. Be sure to include complete information on each bulleted item when writing your narrative.

### ***Introduction***

**Description of the Organization** (The purpose of this description is to give the staff an overview of the organization)

- Describe your organization, including its history, mission, programs, accomplishments, and role in the community.

### **Description of the Proposed Technical Assistance Activity**

- Describe the technical assistance activity or training for which you are requesting support.
- Indicate who will participate in the technical assistance.
- Explain the participation-building need you want to meet through the technical assistance.
- Indicate if you have worked with consultants or had training before now.

### ***Performance Expectations/Review Criteria***

#### **1. Impact of Proposed Technical Assistance (40%)**

- Explain how the proposed technical assistance is appropriate to the participation-building need.
- Explain how you will integrate what you learn into future activities and functions.
- If appropriate, describe how you will share or transfer the materials, knowledge, and skills you gain as a result of the technical assistance activity with other Kentucky organizations.

#### **2. Credentials of the Service Provider(s) (40%)**

- Describe how the credentials and qualifications of the person or organization to provide the technical assistance are appropriate for this project.
- Attach a resume for the technical assistance provider (two-page maximum), or description of, or promotional material for, the training workshop or seminar you or your staff will attend.

#### **3. Activity Budget (20%)**

- Explain how the activity budget is appropriate to the technical assistance need.
- Indicate if the required match is in place and describe its source(s) and amount.
- If the match is not in place, indicate your plans for securing the funds.

## ***Application Checklist***

**Include this application checklist as the first page of your application package.**

Your application is not complete and will not be reviewed for funding if it does not include the following mandatory information:

**One signed original** of the following:

- ☐ Organizational Technical Assistance Grant Application and Narrative
- ☐ Resume of technical assistance service provider (two-page maximum) or training workshop or seminar description or promotional material
- ☐ Financial statement (including income and expense statement, plus balance sheet) or audit for last year (most recently completed fiscal year).

**If you would like any support materials returned please enclose the following:**

- ☐ Self-addressed **AND** stamped mailer for return of supporting materials.

## ***Applicant Signature***

*I certify that I am legally authorized to submit this application on behalf of the applicant organization and that all statements and enclosures herein are true and complete to the best of my knowledge.*

Applicant (Type Name) \_\_\_\_\_ Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**All signatures must be in RED ink.**

## ***Mailing Address for Completed Application***

Kentucky Arts Council  
Old Capitol Annex  
300 West Broadway  
Frankfort, KY 40601-1980